

Location _____

OPERATING STATEMENT

Type of Property _____

Time Period _____

Notes & Comments

1. Scheduled Rental Income	_____	_____
2. – Vacancy & Credit Losses @ _____%	_____	_____
3. Effective Rental Income	_____	_____
4. + Other Income	_____	_____
5. Gross Operating Income	_____	_____
<i>Operating Expenses</i>		
6. Property Taxes	_____	_____
7. Property Insurance	_____	_____
8. Off-site Management	_____	_____
9. On-site Management	_____	_____
10. Repairs & Painting	_____	_____
11. Water & Sewer	_____	_____
12. Gas	_____	_____
13. Electricity	_____	_____
14. Advertising	_____	_____
15. Accounting & Legal	_____	_____
16. Licenses & Permits	_____	_____
17. Supplies	_____	_____
18. Yard Care	_____	_____
19. Trash Removal	_____	_____
20. Snow Removal	_____	_____
21. Cleaning, Interior	_____	_____
22. Cleaning, Exterior	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. Total Operating Expenses	_____	_____ % of Line _____
26. Net Operating Income (NOI)	_____	